

P200000 054 832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

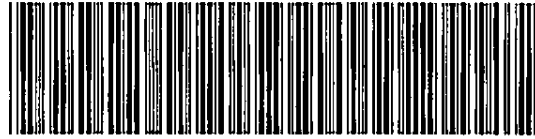
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/07/20--01041 000 **00.00

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2020 JUL -7 PM 3:01

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Cafe Lagoon Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: IRAJEMA GRAUZ
Name (Printed or typed)
8180 NW 36th ST. #406
Address
DORAL, FL 33166
City, State & Zip
(305) 406-3800
Daytime Telephone number
A4plus@Live.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

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DEPT. OF STATE
TALLAHASSEE, FL

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **CAFÉ LAGOON INC.** who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **CAFÉ LAGOON INC.**, a Florida corporation to be filed with the Florida Department of State on or about **June 30, 2020**.
2. The undersigned hereby consents to and authorizes the use by **CAFÉ LAGOON INC.** of the name **CAFÉ LAGOON INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

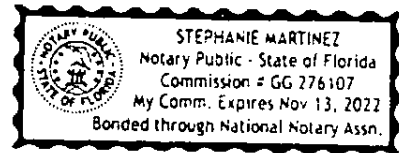
FURTHER AFFIANT SAYETH NAUGHT.



JUAN M. SARMIENTO

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, JUAN M SARMIENTO, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 30th day of June, 2020.




Notary Public Signature
JUL - 7 PM 3:01
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Cafe Lagoon Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10450 NW South River Dr
Medley, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan M. Sarmiento/Pres Name and Title: _____

Address: 10450 NW South River Dr Address: _____
Medley, FL 33178

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECS. DIV. OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN M. Varmiento

Address: 10450 NW South River Dr.
Medley, FL 33178

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JUAN M. Sarmiento

Address: 10450 NW South River Dr.
Medley, FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Juan M. Sarmiento
Required Signature/Registered Agent

06/30/2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Juan M. Sarmiento
Required Signature/Incorporator

06/30/2020
Date

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TALLAHASSEE, FL